

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF TEXAS  
DALLAS DIVISION**

In re **Nuanchan Johnson**Case No. **10-46360-DML-7**Chapter **7**

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	<b>\$833,000.00</b>		
B - Personal Property	Yes	5	<b>\$44,816.44</b>		
C - Property Claimed as Exempt	Yes	2			
D - Creditors Holding Secured Claims	Yes	3			
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2			
F - Creditors Holding Unsecured Nonpriority Claims	Yes	30			
G - Executory Contracts and Unexpired Leases	Yes	2			
H - Codebtors	Yes	11			
I - Current Income of Individual Debtor(s)	Yes	1			<b>\$1,986.71</b>
J - Current Expenditures of Individual Debtor(s)	Yes	1			<b>\$11,368.17</b>
TOTAL		<b>58</b>	<b>\$877,816.44</b>	<b>\$5,206,543.87</b>	

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF TEXAS  
DALLAS DIVISION**

In re **Nuanchan Johnson**Case No. **10-46360-DML-7**Chapter **7**

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11, or 13, you must report all information requested below.

☒ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	
Student Loan Obligations (from Schedule F)	
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	
<b>TOTAL</b>	

**State the following:**

Average Income (from Schedule I, Line 16)	
Average Expenses (from Schedule J, Line 18)	
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.		
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		
4. Total from Schedule F		
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		

In re **Nuanchan Johnson**

Case No. **10-46360-DML-7**  
(if known)

**SCHEDULE A - REAL PROPERTY**

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting Any Secured Claim or Exemption	Amount Of Secured Claim
Homestead 2401 W. Dove Rd. Grapevine, TX 76051-4802	Fee Simple	C	\$833,000.00	\$1,715,621.71
Total:			<b>\$833,000.00</b>	

(Report also on Summary of Schedules)

In re **Nuanchan Johnson**Case No. **10-46360-DML-7**  
(if known)**SCHEDULE B - PERSONAL PROPERTY**

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
1. Cash on hand.		Cash	H	\$0.00
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and home-stead associations, or credit unions, brokerage houses, or cooperatives.		Wells Fargo Savings Account Last 4 Digits: 9007	H	\$1,097.51
3. Security deposits with public utilities, telephone companies, landlords, and others.	<b>X</b>			
4. Household goods and furnishings, including audio, video and computer equipment.		Washer/Dryer	H	\$1,400.00
		Cooking Utensils	H	\$270.00
		Microwave	H	\$120.00
		Silverware/Flatware	H	\$95.00
		Cookware/Pots & Pans	H	\$240.00
		Living Room Furniture	H	\$2,000.00
		Televisions	H	\$1,000.00
		DVD Player	H	\$370.00
		AM/FM, Stereo, Cassette and CD (All in One)	H	\$550.00
		Bedroom Furniture	H	\$2,800.00
		Dressers/Nightstands	H	\$1,700.00
		Lamps & Accessories	H	\$550.00

In re **Nuanchan Johnson**Case No. **10-46360-DML-7**  
(if known)**SCHEDULE B - PERSONAL PROPERTY***Continuation Sheet No. 1*

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
		Computers	H	\$1,000.00
		Printer	H	\$200.00
		Desk/Home Office Furniture	H	\$1,000.00
		Piano	H	\$18,500.00
5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.		Art, Books, and Pictures	H	\$8,500.00
6. Wearing apparel.		Clothing, Shoes, & Accessories	H	\$1,350.00
7. Furs and jewelry.	<b>X</b>			
8. Firearms and sports, photographic, and other hobby equipment.	<b>X</b>			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		Income from disability income from Delta Air Lines of \$2,073.93 per month	H	\$2,073.93
10. Annuities. Itemize and name each issuer.	<b>X</b>			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	<b>X</b>			

In re **Nuanchan Johnson**Case No. **10-46360-DML-7**  
(if known)**SCHEDULE B - PERSONAL PROPERTY***Continuation Sheet No. 2*

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	<b>X</b>			
13. Stock and interests in incorpo- rated and unincorporated businesses. Itemize.	<b>X</b>			
14. Interests in partnerships or joint ventures. Itemize.	<b>X</b>			
15. Government and corporate bonds and other negotiable and non- negotiable instruments.	<b>X</b>			
16. Accounts receivable.	<b>X</b>			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	<b>X</b>			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	<b>X</b>			
19. Equitable or future interests, life estates, and rights or powers exercis- able for the benefit of the debtor other than those listed in Schedule A - Real Property.	<b>X</b>			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			

In re **Nuanchan Johnson**Case No. **10-46360-DML-7**  
(if known)**SCHEDULE B - PERSONAL PROPERTY***Continuation Sheet No. 3*

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
21. Other contingent and unliqui- dated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	<b>X</b>			
22. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
23. Licenses, franchises, and other general intangibles. Give particulars.	<b>X</b>			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	<b>X</b>			
25. Automobiles, trucks, trailers, and other vehicles and accessories.	<b>X</b>			
26. Boats, motors, and accessories.	<b>X</b>			
27. Aircraft and accessories.	<b>X</b>			
28. Office equipment, furnishings, and supplies.	<b>X</b>			
29. Machinery, fixtures, equipment, and supplies used in business.	<b>X</b>			
30. Inventory.	<b>X</b>			

In re **Nuanchan Johnson**Case No. **10-46360-DML-7**  
(if known)**SCHEDULE B - PERSONAL PROPERTY***Continuation Sheet No. 4*

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
31. Animals.	<b>X</b>			
32. Crops - growing or harvested. Give particulars.	<b>X</b>			
33. Farming equipment and implements.	<b>X</b>			
34. Farm supplies, chemicals, and feed.	<b>X</b>			
35. Other personal property of any kind not already listed. Itemize.	<b>X</b>			
<div style="text-align: right;"> <b>Total &gt;</b> </div>				<b>\$44,816.44</b>

4 continuation sheets attached  
 (Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

In re **Nuanchan Johnson**Case No. **10-46360-DML-7**  
(If known)**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**Debtor claims the exemptions to which debtor is entitled under:  
(Check one box)☐ 11 U.S.C. § 522(b)(2)☒ 11 U.S.C. § 522(b)(3)☐ Check if debtor claims a homestead exemption that exceeds  
\$146,450.\*

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Washer/Dryer	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)	\$1,400.00	\$1,400.00
Cooking Utensils	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)	\$270.00	\$270.00
Microwave	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)	\$120.00	\$120.00
Silverware/Flatware	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)	\$95.00	\$95.00
Cookware/Pots & Pans	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)	\$240.00	\$240.00
Living Room Furniture	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)	\$2,000.00	\$2,000.00
Televisions	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)	\$1,000.00	\$1,000.00
DVD Player	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)	\$370.00	\$370.00
AM/FM, Stereo, Cassette and CD (All in One)	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)	\$550.00	\$550.00
Bedroom Furniture	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)	\$2,800.00	\$2,800.00
* Amount subject to adjustment on 4/1/13 and every three years thereafter with respect to cases commenced on or after the date of adjustment.		<b>\$8,845.00</b>	<b>\$8,845.00</b>

In re **Nuanchan Johnson**Case No. **10-46360-DML-7**  
(If known)**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT***Continuation Sheet No. 1*

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Dressers/Nightstands	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)	\$1,700.00	\$1,700.00
Lamps & Accessories	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)	\$550.00	\$550.00
Computers	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)	\$1,000.00	\$1,000.00
Printer	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)	\$200.00	\$200.00
Desk/Home Office Furniture	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)	\$1,000.00	\$1,000.00
Piano	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)	\$18,500.00	\$18,500.00
Art, Books, and Pictures	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)	\$8,500.00	\$8,500.00
Clothing, Shoes, & Accessories	Tex. Prop. Code §§ 42.001(a), 42.002(a)(5)	\$1,350.00	\$1,350.00
Income from disability income from Delta Air Lines of \$2,073.93 per month	Tex. Ins. Code § 1108.051	\$2,073.93	\$2,073.93
		<b>\$43,718.93</b>	<b>\$43,718.93</b>

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCT #: <b>xxxxxx2448</b>	<b>C</b>	DATE INCURRED: <b>05/2006</b> NATURE OF LIEN: <b>Fee Simple</b> COLLATERAL: <b>Homestead</b> REMARKS: <b>Personal Liability</b>				<b>\$1,345,519.00</b>	<b>\$525,508.71</b>
<b>Aurora Loan Services</b> <b>Attn: Bankruptcy Dept.</b> <b>P.O. Box 1706</b> <b>Scottsbluff, NE 69363</b>		VALUE: <b>\$833,000.00</b>					
<b>Representing:</b> <b>Aurora Loan Services</b>		<b>Aurora Loan Services</b> <b>10380 Park Meadows Drive</b> <b>Littleton, CO 80124</b>				<b>Notice Only</b>	<b>Notice Only</b>
<b>Representing:</b> <b>Aurora Loan Services</b>		<b>Aurora Loan Services</b> <b>Attn: Bankruptcy Department</b> <b>2617 College Park</b> <b>Scottsbluff, NE 69363-1706</b>				<b>Notice Only</b>	<b>Notice Only</b>
<b>Representing:</b> <b>Aurora Loan Services</b>		<b>Michael J. Schroeder, P.C.</b> <b>3610 North Josey Lane, Ste. 206</b> <b>Carrollton, TX 75007</b>				<b>Notice Only</b>	<b>Notice Only</b>
<b>Subtotal (Total of this Page) &gt;</b>						<b>\$1,345,519.00</b>	<b>\$525,508.71</b>
<b>Total (Use only on last page) &gt;</b>							

2 continuation sheets attached

(Report also on  
Summary of  
Schedules.)(If applicable,  
report also on  
Statistical  
Summary of  
Certain Liabilities  
and Related  
Data.)

### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCT #: <b>xxxx0961</b>	<b>C</b>		DATE INCURRED: <b>2007</b> NATURE OF LIEN: <b>Property taxes</b> COLLATERAL: <b>Homestead</b> REMARKS:				<b>\$0.00</b>	
<b>City of Grapevine</b> <b>c/o Perdue, Brandon et al</b> <b>P. O. Box 13430</b> <b>Arlington, TX 76094-0430</b>			VALUE: <b>\$833,000.00</b>					
<b>Representing:</b> <b>City of Grapevine</b>			<b>Grapevine-Colleyville Tax Office</b> <b>Collette Franklin Tax</b> <b>Assessor/Collector</b> <b>3072 Mustang Drive</b> <b>Grapevine, TX 76051</b>				<b>Notice Only</b>	<b>Notice Only</b>
ACCT #: <b>xxxx0961</b>	<b>C</b>		DATE INCURRED: <b>2007</b> NATURE OF LIEN: <b>Property taxes</b> COLLATERAL: <b>Homestead</b> REMARKS: <b>Personal Liability</b>				<b>\$12,989.71</b>	
<b>Grapevine-Colleyville ISD</b> <b>c/o Perdue Brandon et al</b> <b>P. O. Box 13430</b> <b>Arlington, TX 76094-0430</b>			VALUE: <b>\$833,000.00</b>					
ACCT #: <b>xxxxxxxxxxxx0801</b>	<b>-</b>		DATE INCURRED: NATURE OF LIEN: <b>Fee Simple</b> COLLATERAL: <b>2401 Dove Rd., Grapevine, TX 76051</b> REMARKS:				<b>\$357,113.00</b>	<b>\$357,113.00</b>
<b>National City</b> <b>P. O. Box 856176</b> <b>Louisville, KY 40285-6176</b>			VALUE: <b>\$833,000.00</b>					
Sheet no. <u>1</u> of <u>2</u> continuation sheets attached to Schedule of Creditors Holding Secured Claims							<b>\$370,102.71</b>	<b>\$357,113.00</b>
Subtotal (Total of this Page) > Total (Use only on last page) >								

(Report also on Summary of Schedules.)

(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
<b>Representing: National City</b>		<b>National City P.O. Box 5570 Cleveland, OH 44101-0570</b>				<b>Notice Only</b>	<b>Notice Only</b>
<b>Representing: National City</b>		<b>National City Attn: Bankruptcy Department 6750 Miller Rd., Brecksville, OH 44141</b>				<b>Notice Only</b>	<b>Notice Only</b>
ACCT #: <b>xxxx0961</b>	-	DATE INCURRED: NATURE OF LIEN: <b>Fee Simple</b> COLLATERAL: <b>Homestead</b> REMARKS:				<b>\$0.00</b>	
<b>Tarrant County Tax Office c/o Linebarger, Goggan, Blair, et al. 100 Throckmorton, Ste. 300 Fort Worth, TX 76102</b>		VALUE: <b>\$833,000.00</b>					
<b>Representing: Tarrant County Tax Office</b>		<b>Tarrant County Tax Assessor/Collector 100 E. Weatherford Fort Worth, TX 76196</b>				<b>Notice Only</b>	<b>Notice Only</b>
Sheet no. <b>2</b> of <b>2</b> continuation sheets attached to Schedule of Creditors Holding Secured Claims						<b>\$0.00</b>	<b>\$0.00</b>
Subtotal (Total of this Page) > Total (Use only on last page) >						<b>\$1,715,621.71</b>	<b>\$882,621.71</b>

(Report also on Summary of Schedules.)

(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,775\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,600\* for deposits for the purchase, lease or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

☐ **Administrative allowances under 11 U.S.C. Sec. 330**

Claims based on services rendered by the trustee, examiner, professional person, or attorney and by any paraprofessional person employed by such person as approved by the court and/or in accordance with 11 U.S.C. §§ 326, 328, 329 and 330.

*\* Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.*

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

TYPE OF PRIORITY	Taxes and Certain Other Debts Owed to Governmental Units
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CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT UNLIQUIDATED DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCT #: <b>xx-xxx3887</b> <b>Internal Revenue Service</b> <b>P. O. Box 21126</b> <b>Philadelphia, PA 19114</b>	-	DATE INCURRED: <b>12/2003</b> CONSIDERATION: <b>941 Taxes</b> REMARKS:		<b>\$102,521.00</b>	<b>\$102,521.00</b>	<b>\$0.00</b>
ACCT #: <b>Internal Revenue Service</b> <b>P. O. Box 21126</b> <b>Philadelphia, PA 19114</b>	-	DATE INCURRED: CONSIDERATION: <b>Trust fund recovery penalty</b> REMARKS:		<b>\$75,000.00</b>	<b>\$75,000.00</b>	<b>\$0.00</b>
Sheet no. <u>1</u> of <u>1</u> continuation sheets attached to Schedule of Creditors Holding Priority Claims				<b>Subtotals (Totals of this page) &gt;</b>	<b>\$177,521.00</b>	<b>\$177,521.00</b>
<b>Total &gt;</b> (Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)				<b>\$177,521.00</b>		
<b>Totals &gt;</b> (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)					<b>\$177,521.00</b>	<b>\$0.00</b>

### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>Adams Lynch Loftin PC</b> <b>3950 Highway 360</b> <b>Grapevine, TX 76051-6741</b>	-	DATE INCURRED: CONSIDERATION: <b>Attorney for -</b> REMARKS:				<b>Notice Only</b>
ACCT #: <b>AGM USA</b> <b>10701 Southern Loop Blvd.</b> <b>Pineville, NC 28134</b>	-	DATE INCURRED: CONSIDERATION: <b>Business Debt</b> REMARKS:				<b>\$1,800.00</b>
ACCT #: xxxxxxxxxxxxxx3282 <b>American Express Bank FSB</b> <b>c/o Becket and Lee LLP</b> <b>P. O. Box 3001</b> <b>Malvern, PA 19355-0701</b>	C	DATE INCURRED: <b>01/2001</b> CONSIDERATION: <b>Business Debt</b> REMARKS:				<b>\$5,615.00</b>
ACCT #: xxxxxxxxxxxxxx8781 <b>American Express Bank FSB</b> <b>c/o Becket and Lee LLP</b> <b>P. O. Box 3001</b> <b>Malvern, PA 19355-0701</b>	C	DATE INCURRED: <b>08/2000</b> CONSIDERATION: <b>Business Debt</b> REMARKS:				<b>\$515.00</b>
ACCT #: xxxx-xxxxxx-x1001 <b>American Express Bank FSB</b> <b>c/o Becket and Lee LLP</b> <b>P. O. Box 3001</b> <b>Malvern, PA 19355-0701</b>	C	DATE INCURRED: CONSIDERATION: <b>Business Debt</b> REMARKS:				<b>\$382.37</b>
ACCT #: xxxx-xxx-xx0884 <b>Anaheim Fire Dept.</b> <b>1517W. Braden Court</b> <b>Orange, CA 92868-1125</b>	C	DATE INCURRED: CONSIDERATION: <b>Medical Bill/Ambulance</b> REMARKS:				<b>\$350.00</b>
Subtotal >						<b>\$8,662.37</b>
Total >						

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>xx6613</b> <b>Assoc/Citi</b> <b>P.O. Box 6003</b> <b>Hagerstown, MD 21742</b>	<b>C</b>	DATE INCURRED: <b>03/1997</b> CONSIDERATION: <b>Credit Card</b> REMARKS:				<b>(\$1.00)</b>
ACCT #: <b>xxxxxxxxxxx0000</b> <b>AT&amp;T Advertising &amp; Publishing</b> <b>c/o Law Office of Scott &amp; Assoc.</b> <b>6230-A Wilshire Blvd. PMB 15</b> <b>Los Angeles, CA 90048</b>	<b>-</b>	DATE INCURRED: CONSIDERATION: <b>Business Debt</b> REMARKS:				<b>\$447.69</b>
ACCT #: <b>Atlas Copco</b> <b>P. O. Box 91730</b> <b>Chicago, IL 60693</b>	<b>-</b>	DATE INCURRED: CONSIDERATION: <b>Business Debt</b> REMARKS:				<b>\$871.00</b>
ACCT #: <b>Attorney General of Texas</b> <b>Collections Div/Bankruptcy Sec</b> <b>P. O. Box 12548</b> <b>Austin, TX 78711-2548</b>	<b>-</b>	DATE INCURRED: CONSIDERATION: <b>Sales Taxes</b> REMARKS:				<b>Notice Only</b>
ACCT #: <b>Attorney General of the U.S.</b> <b>U. S. Dept. of Justice</b> <b>950 Pennsylvania Ave. NW</b> <b>Washington, DC 20530-0001</b>	<b>-</b>	DATE INCURRED: CONSIDERATION: <b>Notice Only</b> REMARKS:				<b>Notice Only</b>
ACCT #: <b>xxxx-xxxx-xxxx-2005</b> <b>Bank of America</b> <b>4060 Ogletown/Stam</b> <b>Newark, DE 19713</b>	<b>C</b>	DATE INCURRED: <b>01/1998</b> CONSIDERATION: <b>Business Debt</b> REMARKS:				<b>\$28,460.80</b>
Sheet no. <b>1</b> of <b>29</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal &gt;</b> <b>\$29,778.49</b>
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						<b>Total &gt;</b>

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
<b>Representing: Bank of America</b>		<b>Niagra Credit Solutions, Inc. 420 Lawrence Bell Drive, Ste.2 Williamsville, NY 14221-7820</b>				<b>Notice Only</b>
ACCT #: <b>6477</b> <b>Bank of America</b> <b>4060 Ogletown/stan De5-019-03-07</b> <b>Newark, DE 19713</b>	<b>C</b>	DATE INCURRED: <b>03/2006</b> CONSIDERATION: <b>Credit Card</b> REMARKS:				<b>\$5,782.00</b>
ACCT #: <b>Bank of America</b> <b>P.O. Box 53132</b> <b>Phoenix, AZ 85072</b>	<b>-</b>	DATE INCURRED: CONSIDERATION: <b>Business Debt</b> REMARKS:				<b>\$108,000.00</b>
ACCT #: <b>Bank of America Leasing</b> <b>f/k/a Fleet Capital Leasing</b> <b>P. O. Box 371992</b> <b>Pittsburgh, PA 15250-7992</b>	<b>-</b>	DATE INCURRED: CONSIDERATION: <b>Business Debt</b> REMARKS:				<b>\$829.27</b>
ACCT #: <b>xxxxxx0068</b> <b>Bank of Texas</b> <b>P. O. Box 29775</b> <b>Dallas, TX 75229-0775</b>	<b>-</b>	DATE INCURRED: CONSIDERATION: <b>Business Debt</b> REMARKS:				<b>\$929.60</b>
ACCT #: <b>Bank One Visa/First USA Bank</b> <b>P.O. Box 8650</b> <b>Wilmington, DE 19899-8650</b>	<b>-</b>	DATE INCURRED: CONSIDERATION: <b>Business Debt</b> REMARKS:				<b>\$15,000.00</b>
Sheet no. <b>2</b> of <b>29</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal &gt; \$130,540.87</b>
<p style="text-align: right;"><b>Total &gt;</b></p> <p style="text-align: center;">(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)</p>						

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>xxxxx9340</b> <b>Baylor Centralized Business Svcs.</b> <b>2001 Bryan St., Ste. 2600</b> <b>Dallas, TX 75201-3005</b>	C	DATE INCURRED: CONSIDERATION: <b>Medical Bill</b> REMARKS:				\$1,058.45
ACCT #: <b>xxx-xxxxx9340</b> <b>Baylor Regional Medical Ctr.</b> <b>c/o Harris &amp; Harris, Ltd.</b> <b>222 Merchandise Mart Plaza, Ste. 1900</b> <b>Chicago, IL 60654</b>		DATE INCURRED: CONSIDERATION: <b>Collection Account</b> REMARKS:				
<b>Representing:</b> <b>Baylor Regional Medical Ctr.</b>		<b>Harris &amp; Harris, Ltd.</b> <b>222 Merchandise Mart Plaza, Ste. 100</b> <b>Chicago, IL 60654</b>				Notice Only
ACCT #: <b>Blue Bonnet Waste Control</b> <b>P. O. Box 223845</b> <b>Dallas, TX 75222-3845</b>	-	DATE INCURRED: CONSIDERATION: <b>Business Debt</b> REMARKS:				\$300.00
ACCT #: <b>Blue Cross/Blue Shield</b> <b>P. O. Box 1186</b> <b>Chicago, IL 60690-1186</b>		DATE INCURRED: CONSIDERATION: <b>Business Debt</b> REMARKS:				
ACCT #: <b>BMW</b> <b>P.O. Box 78103</b> <b>Phoenix, AZ 85062</b>	-	DATE INCURRED: CONSIDERATION: <b>Deficiency Claim</b> REMARKS:				Unknown
Sheet no. <u>3</u> of <u>29</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal > \$2,407.99
<div style="text-align: right;">Total &gt;</div> <div style="text-align: center;"> (Use only on last page of the completed Schedule F.)  (Report also on Summary of Schedules and, if applicable, on the  Statistical Summary of Certain Liabilities and Related Data.) </div>						

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>xxxxxx6098</b> <b>BMW Financial Svc.</b> <b>5515 Park Center C</b> <b>Dublin, OH 43017</b>	<b>C</b>	DATE INCURRED: <b>11/2002</b> CONSIDERATION: <b>Deficiency Claim/Lease</b> REMARKS:				<b>Unknown</b>
ACCT #: <b>Capital One Bank</b> <b>P. O. Box 85167</b> <b>Richmond, VA 23285</b>	-	DATE INCURRED: CONSIDERATION: <b>Business Debt</b> REMARKS:				<b>Unknown</b>
ACCT #: <b>xxxx-xxx-xx0883</b> <b>Care Ambulance Service</b> <b>1517 W. Braden Cour</b> <b>Orange, CA 92868-1125</b>	-	DATE INCURRED: CONSIDERATION: <b>Medical Bill</b> REMARKS:				<b>\$83.76</b>
ACCT #: <b>xx0171</b> <b>CCB NA</b> <b>P.O. Box 5010, Rm. 1242</b> <b>Concord, CA 94524</b>	<b>C</b>	DATE INCURRED: <b>11/2002</b> CONSIDERATION: <b>Credit Card</b> REMARKS:				<b>\$604.00</b>
ACCT #: <b>Cecile Wood</b> <b>22345 Gunsight Rd</b> <b>Colfax CA 95713</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Personal Loan</b> REMARKS:				<b>\$150,000.00</b>
ACCT #: <b>Certified First Aid of TX</b> <b>4852 Barbara Rd.</b> <b>Ft. Worth, TX 76114</b>	-	DATE INCURRED: CONSIDERATION: <b>Business Debt</b> REMARKS:				<b>\$155.04</b>

Sheet no. **4** of **29** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

**Subtotal >** **\$150,842.80**

**Total >**

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>Chariot Air, L.L.C.</b> <b>c/o Jeff Fintress</b> <b>12770 Merit Rd.</b> <b>Dallas, TX 75251</b>	-	DATE INCURRED: CONSIDERATION: <b>Business Debt</b> REMARKS:				<b>\$149.98</b>
ACCT #: <b>xxxxxxx0610</b> <b>Chase</b> <b>800 Brooksedge Blvd</b> <b>Westerville, OH 43081</b>	C	DATE INCURRED: <b>10/06/2002</b> CONSIDERATION: <b>Credit Card</b> REMARKS:				<b>\$16,567.00</b>
ACCT #: <b>xxxx0070</b> <b>Chase</b> <b>Credit Bureau Dept. 901008</b> <b>P.O. Box 901008</b> <b>Fort Worth, TX 76101</b>	C	DATE INCURRED: <b>11/1997</b> CONSIDERATION: <b>Line of Credit/Business Debt</b> REMARKS:				<b>\$10,096.00</b>
ACCT #: <b>xxxx-xxxx-xxxx-8554</b> <b>Chase</b> <b>800 Brooksedge Blvd.</b> <b>Westerville, OH 43081</b>	C	DATE INCURRED: <b>03/2002</b> CONSIDERATION: <b>Credit Card</b> REMARKS:				<b>\$8,310.16</b>
Representing: <b>Chase</b>		<b>Associated Recovery Systems</b> <b>P.O. Box 469046</b> <b>Escondido, CA 92046-9046</b>				<b>Notice Only</b>
Representing: <b>Chase</b>		<b>Chase</b> <b>P.O. Box 15298</b> <b>Wilmington, DE 19850</b>				<b>Notice Only</b>
Sheet no. <b>5</b> of <b>29</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal &gt;</b> <b>\$35,123.14</b>
<div style="text-align: right;"> <b>Total &gt;</b>  (Use only on last page of the completed Schedule F.)  (Report also on Summary of Schedules and, if applicable, on the  Statistical Summary of Certain Liabilities and Related Data.) </div>						

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>5421</b> <b>Chase</b> <b>P.O. Box 901039</b> <b>Fort Worth, TX 76101</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Non-Purchase Money</b> REMARKS:				<b>\$10,232.00</b>
ACCT #: <b>Chase Bank</b> <b>P. O. Box 15298</b> <b>Wilmington, DE 19850-5298</b>	-	DATE INCURRED: CONSIDERATION: <b>Business Debt</b> REMARKS: <b>Granite Custom Homes</b>				<b>\$100,000.00</b>
ACCT #: <b>xxxx7311</b> <b>Chase Bank</b> <b>c/o MRS Associates, Inc.</b> <b>1930 Olney Ave.</b> <b>Cherry Hill, NJ 08003</b>	-	DATE INCURRED: CONSIDERATION: <b>Collection Account</b> REMARKS:				<b>\$10,361.75</b>
<b>Representing:</b> <b>Chase Bank</b>		<b>Bluebonnett Financial Assets</b> <b>c/o Niermann &amp; Olivo</b> <b>1622 E. Beltline Rd., Ste. 100</b> <b>Carrollton, TX 75006</b>				<b>Notice Only</b>
<b>Representing:</b> <b>Chase Bank</b>		<b>Texas Resolution Group, L.L.C.</b> <b>18866 Stone Oak Pkwy, Ste. 103-70</b> <b>San Antonio, TX 78258</b>				<b>Notice Only</b>
ACCT #: <b>Chase Bank Credit Card Services</b> <b>P. O. Box 15298</b> <b>Wilmington, DE 19850-5298</b>	-	DATE INCURRED: CONSIDERATION: <b>Business Debt</b> REMARKS:				<b>\$30,000.00</b>
Sheet no. <b>6</b> of <b>29</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal &gt;</b> <b>\$150,593.75</b>
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						<b>Total &gt;</b>

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxxxxxxxxxxxxx2298 Chase OH1-1210 P. O. Box 711210 Columbus, OH 43218	-	DATE INCURRED: CONSIDERATION: <b>Overdraft</b> REMARKS:				\$411.38
ACCT #: Cingular Wireless attn: Bankruptcy 5407 Andrew Hwy Midland, TX 79706	-	DATE INCURRED: CONSIDERATION: <b>Business Debt</b> REMARKS:				\$150.00
ACCT #: Circuit City 9950 Mayland Drive Richmond, VA 23233	-	DATE INCURRED: CONSIDERATION: <b>Business Debt</b> REMARKS:				\$10,000.00
ACCT #: xxxx-xxxx-xxxx-5280 Citi P.O. Box 6241 Sioux Falls, SD 57117	C	DATE INCURRED: <b>02/1993</b> CONSIDERATION: <b>Credit Card/Judgment</b> REMARKS: <b>Plus attorney's fees and all interest accrued.</b>				\$25,974.00
Representing: Citi		<b>Allen L. Adkins &amp; Associates</b> <b>P.O. Box 3340</b> <b>Lubbock, TX 76452</b>				Notice Only
Representing: Citi		<b>Citi Cards</b> <b>P.O. Box 6000</b> <b>The Lakes, NV 89163-6000</b>				Notice Only
Sheet no. <u>7</u> of <u>29</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal > \$36,535.38
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						Total >

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #:		DATE INCURRED:				
<b>Citibank</b>		CONSIDERATION:				
<b>Attn: Citicorp Credit Services</b>	-	<b>Business Debt</b>				<b>\$20,000.00</b>
<b>7920 NW 110th Street</b>		REMARKS:				
<b>Kansas City, MO 64153</b>						
ACCT #: <b>x0884</b>		DATE INCURRED:				
<b>City of Anaheim</b>		CONSIDERATION:				
<b>1517 W. Braden Court</b>	C	<b>Ambulance/Medical Bill</b>				<b>\$350.00</b>
<b>Orange, CA 92868-1125</b>		REMARKS:				
ACCT #:		DATE INCURRED:				
<b>City of Dallas</b>		CONSIDERATION:				
<b>Utilities &amp; Services</b>	-	<b>Business Debt</b>				<b>\$200.00</b>
<b>City Hall, 1AN</b>		REMARKS:				
<b>Dallas, TX 75277</b>						
ACCT #:		DATE INCURRED:				
<b>City of Dallas</b>		CONSIDERATION:				
<b>Utilities &amp; Services</b>	-	<b>Business Debt</b>				<b>\$313.42</b>
<b>City Hall, 1AN</b>		REMARKS:				
<b>Dallas, TX 75277</b>						
ACCT #:		DATE INCURRED:				
<b>City of Grapevine</b>		CONSIDERATION:				
<b>P. O. Box 2503</b>	-	<b>Business Debt</b>				<b>\$300.00</b>
<b>Grapevine, TX 76099-2503</b>		REMARKS:				
ACCT #:		DATE INCURRED:				
<b>CMRE Financial Services, Inc.</b>		CONSIDERATION:				
<b>3075 E. Iperial Hwy., #200</b>	-	<b>Collection Account</b>				<b>\$90.20</b>
<b>Brea, CA 92821</b>		REMARKS:				
		<b>Original Creditor: Sutter E/R Medical Associates.</b>				

Sheet no. 8 of 29 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal > **\$21,253.62**

Total >

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>xx5877</b> <b>Consultants in Radiology, P.A.</b> <b>1101 Sixth Avenue</b> <b>Fort Worth, TX 76104-4306</b>	-	DATE INCURRED: CONSIDERATION: <b>Medical Bill</b> REMARKS:				<b>\$20.54</b>
ACCT #: <b>xxxxxxxx4170</b> <b>CRCC</b> <b>P.O. Box 390046</b> <b>Minneapolis, MN 55439</b>	-	DATE INCURRED: CONSIDERATION: <b>Collection Account</b> REMARKS: <b>Original Creditor: Delta Air Lines</b>				<b>\$150.00</b>
ACCT #: <b>xxxxxx-xxxx0657</b> <b>Credit Systems International, Inc.</b> <b>P.O.Box 1088</b> <b>Arlington, TX 76004</b>	-	DATE INCURRED: CONSIDERATION: <b>Collection Account</b> REMARKS: <b>Original Creditor: Medical Edge Health Care</b>				<b>\$178.58</b>
<b>Representing:</b> <b>Credit Systems International, Inc.</b>		<b>Credit Systems International, Inc.</b> <b>1277 Country Club Lane</b> <b>Fort Worth, TX 76112</b>				<b>Notice Only</b>
ACCT #: <b>xxxx-xxxx-xxxx-6760</b> <b>Credit Union of Texas</b> <b>P.O. Box 515169</b> <b>Dallas, TX 75251</b>	C	DATE INCURRED: CONSIDERATION: <b>Credit Card</b> REMARKS: <b>Lawsuit filed and judgment entered.</b> <b>Plus all interest accrued.</b>				<b>\$9,920.58</b>
<b>Representing:</b> <b>Credit Union of Texas</b>		<b>Credit Union of Texas</b> <b>c/o Blalack &amp; Williams, P.C.</b> <b>1420 W. Mockingbird, Ste. 640</b> <b>Dallas, TX 75247-4932</b>				<b>Notice Only</b>

Sheet no. **9** of **29** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

**Subtotal >** **\$10,269.70**

**Total >**

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
<b>Representing: Credit Union of Texas</b>		<b>Credit Union of Texas P.O. Box 815909 Dallas, TX 75381-5909</b>				<b>Notice Only</b>
ACCT #: <b>xx8188</b> <b>Credit Union of Texas c/o Financial Recovery Svcs., Inc. P.O. Box 385908 Minneapolis, MN 55438-5908</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Collection Account</b> REMARKS:				<b>\$7,441.00</b>
ACCT #: <b>xx5740</b> <b>Credit Union of Texas P.O.Box 515169 Dallas, TX 75251-5163</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Non-Purchase Money</b> REMARKS:				<b>Unknown</b>
ACCT #: <b>xxxx-xxxx-xxxx-3025</b> <b>Credit Union of Texas P.O. Box 815909 Dallas, TX 75381-5909</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Credit Card</b> REMARKS:				<b>\$6,648.07</b>
ACCT #: <b>Dallas Teacher's Credit Union P. O. Box 517028 Dallas, TX 75251-7028</b>	<b>-</b>	DATE INCURRED: CONSIDERATION: <b>Business Debt</b> REMARKS:				<b>\$6,500.00</b>
ACCT #: <b>Dallas Teacher's Credit Union P. O. Box 517028 Dallas, TX 75251-7028</b>	<b>-</b>	DATE INCURRED: CONSIDERATION: <b>Business Debt</b> REMARKS:				<b>\$100,000.00</b>
Sheet no. <b>10</b> of <b>29</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal &gt; \$120,589.07</b>
<p style="text-align: right;"><b>Total &gt;</b></p> <p style="text-align: center;">(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)</p>						

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>David Ousley</b> <b>4372 N. Capistrano</b> <b>Dallas, TX 75287</b>	-	DATE INCURRED: CONSIDERATION: <b>Business Debt</b> REMARKS:	X	X	X	<b>\$0.00</b>
ACCT #: <b>xxxxxxxxxx-0090</b> <b>Delta Community Credit Union</b> <b>P. O. Box 105135</b> <b>Atlanta, GA 30348-5135</b>	-	DATE INCURRED: CONSIDERATION: <b>Credit Card</b> REMARKS:				<b>\$24,284.32</b>
<b>Representing:</b> <b>Delta Community Credit Union</b>		<b>CU Recovery</b> <b>26263 Forest Blvd.</b> <b>Wyoming, MN 55092-8033</b>				<b>Notice Only</b>
<b>Representing:</b> <b>Delta Community Credit Union</b>		<b>Delta Community Credit Union</b> <b>P.O. Box 20541</b> <b>Atlanta, GA 30320-2541</b>				<b>Notice Only</b>
<b>Representing:</b> <b>Delta Community Credit Union</b>		<b>Delta Community Credit Union</b> <b>Attn: Card Svcs. Dept.</b> <b>1025 Virginia Ave.</b> <b>Atlanta, GA 30354-1319</b>				<b>Notice Only</b>
ACCT #: <b>xxxxxx4000</b> <b>Delta Leave &amp; Disability Admin. Ctr.</b> <b>P.O. Box 14455</b> <b>Lexington, KY 40512</b>	C	DATE INCURRED: CONSIDERATION: <b>Overpayment of Disability Benefits</b> REMARKS: <b>Plus any interest and/or additional payments received.</b>				<b>\$58,423.81</b>
Sheet no. <u>11</u> of <u>29</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal &gt; \$82,708.13</b>
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						<b>Total &gt;</b>

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>Discover Card Services, Inc.</b> <b>P. O. Box 15192</b> <b>Wilmington, DE 19850-5192</b>	-	DATE INCURRED: CONSIDERATION: <b>Business Debt</b> REMARKS:				<b>\$30,000.00</b>
ACCT #: <b>xxxx-xxxx-xxxx-1638</b> <b>Discover Financial</b> <b>P.O. Box 15316</b> <b>Wilmington, DE 19850</b>	C	DATE INCURRED: <b>10/1995</b> CONSIDERATION: <b>Credit Card</b> REMARKS:				<b>\$28,116.88</b>
Representing: <b>Discover Financial</b>		<b>Associated Recovery Systems</b> <b>P.O. Box 469046</b> <b>Escondido, CA 92046-9046</b>				<b>Notice Only</b>
Representing: <b>Discover Financial</b>		<b>Northstar Location Svcs., L.L.C.</b> <b>4285 Genesee St.</b> <b>Cheektowaga, NY 14225-1943</b>				<b>Notice Only</b>
ACCT #: <b>xxxx-xxxx-xxxx-1842</b> <b>Discover Financial</b> <b>P.O. Box 15316</b> <b>Wilmington, DE 19850</b>	C	DATE INCURRED: <b>11/1997</b> CONSIDERATION: <b>Credit Card</b> REMARKS:				<b>\$17,862.32</b>
Representing: <b>Discover Financial</b>		<b>Law Office of Regent &amp; Assoc.</b> <b>2650 Fountain View Dr., Ste. 233</b> <b>Houston, TX 77057</b>				<b>Notice Only</b>
Sheet no. <b>12</b> of <b>29</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal &gt;</b> <b>\$75,979.20</b>
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						<b>Total &gt;</b>

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>xxxx-xxxx-xxxx-2438</b> <b>Discover Financial</b> <b>P.O. Box 15316</b> <b>Wilmington, DE 19850</b>	C	DATE INCURRED: <b>10/11/2000</b> CONSIDERATION: <b>Credit Card</b> REMARKS:				<b>\$18,173.44</b>
<b>Representing:</b> <b>Discover Financial</b>		<b>DFS Services, L.L.C.</b> <b>c/o FMA Alliance, Ltd.</b> <b>11811 North Freeway, Ste. 900</b> <b>Houston, TX 77060</b>				<b>Notice Only</b>
<b>Representing:</b> <b>Discover Financial</b>		<b>Discover</b> <b>P.O. Box 3008</b> <b>New Albany, OH 43054-3008</b>				<b>Notice Only</b>
<b>Representing:</b> <b>Discover Financial</b>		<b>Discover</b> <b>P.O. Box 30943</b> <b>Salt Lake City, UT 84130</b>				<b>Notice Only</b>
<b>Representing:</b> <b>Discover Financial</b>		<b>Discover Financial</b> <b>Attn: Bankruptcy Dept.</b> <b>P.O. Box 3025</b> <b>New Albany, OH 43054</b>				<b>Notice Only</b>
<b>Representing:</b> <b>Discover Financial</b>		<b>Financial Recovery Svcs., Inc.</b> <b>P.O. Box 385908</b> <b>Minneapolis, MN 55438-5908</b>				<b>Notice Only</b>
Sheet no. <b>13</b> of <b>29</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal &gt;</b> <b>\$18,173.44</b>
<div style="text-align: right;"> <b>Total &gt;</b>  (Use only on last page of the completed Schedule F.)  (Report also on Summary of Schedules and, if applicable, on the  Statistical Summary of Certain Liabilities and Related Data.) </div>						

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
<b>Representing: Discover Financial</b>		<b>Northstar Location Svcs., L.L.C. 4285 Genesee St. Cheektowaga, NY 14225-1943</b>				<b>Notice Only</b>
ACCT #: <b>xxx9934</b> <b>DRS c/o Baylor Medical Ctr. @ Grapevine P.O. Box 460036 Garland, TX 75046</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Medical Bill</b> REMARKS:				<b>\$380.00</b>
ACCT #: <b>xxxxxxx6831</b> <b>Farmer's Insurance Group c/o Credit Collection Svcs. Two Wells Avenue, Dept. 9134 Newton, MA 02459</b>	<b>-</b>	DATE INCURRED: CONSIDERATION: <b>Non-Purchase Money</b> REMARKS:				<b>\$495.00</b>
ACCT #: <b>Farmers Insurance c/o Texas Insurance Exchange 190 W. Hwy. 114, #A Southlake, TX 76092</b>	<b>-</b>	DATE INCURRED: CONSIDERATION: <b>Business Debt</b> REMARKS:				<b>\$1,928.95</b>
<b>Representing: Farmers Insurance</b>		<b>Credit Collection Services Two Wells Avenue, Dept. 9134 Newton, MA 02459</b>				<b>Notice Only</b>
ACCT #: <b>FedEx P. O. Box 94515 Palantine, IL 60094-4515</b>	<b>-</b>	DATE INCURRED: CONSIDERATION: <b>Business Debt</b> REMARKS:				<b>\$147.05</b>
Sheet no. <b>14</b> of <b>29</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal &gt;</b> <b>\$2,951.00</b>
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						<b>Total &gt;</b>

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>xxx5577</b> <b>Financial Corp of America</b> <b>P. O. Box 203500</b> <b>Austin, TX 78720-3500</b>	-	DATE INCURRED: CONSIDERATION: <b>Non-Purchase Money</b> REMARKS:	X	X		<b>\$0.00</b>
ACCT #: <b>xxx-xxxxxx-x6932</b> <b>Frost National Bank</b> <b>P. O. Box 1600</b> <b>San Antonio, TX 78296</b>	-	DATE INCURRED: <b>03/01/2006</b> CONSIDERATION: <b>Judgment/Business Debt</b> REMARKS: <b>Plus any interest and attorney's fees accrued</b>				<b>\$1,668,597.77</b>
ACCT #: <b>6932</b> <b>Frost National Bank</b> <b>P. O. Box 1600</b> <b>San Antonio, TX 78296</b>	-	DATE INCURRED: <b>08/15/2003</b> CONSIDERATION: <b>Judgment/Business Debt</b> REMARKS: <b>Plus any interest and attorney's fees accrued.</b>				<b>\$12,076.36</b>
ACCT #: <b>Fuselier &amp; Associates</b> <b>1207 Hampshire Lane</b> <b>Richardson, TX 75080</b>	C	DATE INCURRED: CONSIDERATION: <b>Business Debt</b> REMARKS:				<b>Unknown</b>
ACCT #: <b>Gary Penny</b> <b>2213 Moneda St.</b> <b>Haltom City, TX 76117-5311</b>	-	DATE INCURRED: CONSIDERATION: <b>Executory Contract</b> REMARKS: <b>Rejected in prior business bankruptcy case</b>				<b>\$4,000.00</b>
ACCT #: <b>GMAC (Finacial Services)</b> <b>2740 Arther Street</b> <b>Roseville, MN 55113-1303</b>	-	DATE INCURRED: CONSIDERATION: <b>Deficiency Claim</b> REMARKS: <b>Business Debt</b>				<b>Unknown</b>

Sheet no. 15 of 29 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal > **\$1,684,674.13**

Total >

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxx-xxxx-x0991 GMAC (Financial Services) 2740 Arther Street Roseville, MN 55113-1303	-	DATE INCURRED: CONSIDERATION: <b>Deficiency Claim</b> REMARKS: <b>Business Debt</b>				\$5,616.93
ACCT #: xxx-xxxx-x3381 GMAC (Financial Services) 2740 Arther Street Roseville, MN 55113-1303	-	DATE INCURRED: CONSIDERATION: <b>Deficiency Claim</b> REMARKS: <b>Business Debt</b>				Unknown
ACCT #: xxx-xxxx-x7778 GMAC (Financial Services) 2740 Arther Street Roseville, MN 55113-1303	-	DATE INCURRED: CONSIDERATION: <b>Deficiency Claim</b> REMARKS: <b>Business Debt</b>				Unknown
ACCT #: xxxxxxx3408 Grapevine Emergency Physician P.O. Box 41587 Philadelphia, PA 19101-1587	C	DATE INCURRED: CONSIDERATION: <b>Medical Bill</b> REMARKS:				\$103.40
ACCT #: xxxxxxx9348 Grapevine Emergency Physician P.O. Box 41587 Philadelphia, PA 19101-1587	C	DATE INCURRED: CONSIDERATION: <b>Medical Bill</b> REMARKS:				\$233.00
Representing: Grapevine Emergency Physician		NCO Financial Systems, Inc. 507 Prudential Rd. Horsham, PA 19044				Notice Only
Sheet no. <u>16</u> of <u>29</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal >
						\$5,953.33
						Total >
						(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>xxxxxxx9637</b> <b>Grapevine Emergency Physician</b> <b>P.O. Box 41587</b> <b>Philadelphia, PA 19101-1587</b>	-	DATE INCURRED: CONSIDERATION: <b>Medical Bill</b> REMARKS:				<b>\$69.60</b>
<b>Representing:</b> <b>Grapevine Emergency Physician</b>		<b>Grapevine Emergency Physicians</b> <b>c/o NCO Financial Systems, Inc.</b> <b>P.O. Box 987</b> <b>Brookfield, WI 53008-0987</b>				<b>Notice Only</b>
ACCT #: <b>xxxxxxx9355</b> <b>Grapevine Emergency Physician</b> <b>P.O. Box 41587</b> <b>Philadelphia, PA 19101-1587</b>	-	DATE INCURRED: CONSIDERATION: <b>Medical Bill</b> REMARKS:				<b>\$46.60</b>
ACCT #: <b>xxx*xx0407</b> <b>Grapevine Radiology Assoc.</b> <b>P.O. Box 740968</b> <b>Dallas, TX 75374-0968</b>	C	DATE INCURRED: CONSIDERATION: <b>Medical Bill</b> REMARKS:				<b>\$8.79</b>
ACCT #: <b>xxxxxxx5002</b> <b>Harris Methodist H.E.B.</b> <b>Attn: Business Office</b> <b>6000 Western Place, Ste. 540</b> <b>Fort Worth, TX 76107-4660</b>	C	DATE INCURRED: CONSIDERATION: <b>Medical Bill</b> REMARKS:				<b>\$100.00</b>
ACCT #: <b>xxxxx9934</b> <b>Healthcare Recovery Solutions</b> <b>1515 190th St., Suite 350</b> <b>Gardena, CA 90248-4910</b>	C	DATE INCURRED: CONSIDERATION: <b>Collection Account</b> REMARKS: <b>Original Creditor: Baylor Regional Medical Center</b>				<b>\$380.00</b>
<b>Subtotal &gt;</b>						<b>\$604.99</b>
<div style="text-align: right;"> <b>Total &gt;</b>  (Use only on last page of the completed Schedule F.)  (Report also on Summary of Schedules and, if applicable, on the  Statistical Summary of Certain Liabilities and Related Data.) </div>						

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>xxxx8989</b> <b>Healthtexas Provider Network</b> <b>P.O.Box 844128</b> <b>Dallas, TX 74284</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Medical Bill</b> REMARKS:				<b>\$261.00</b>
ACCT #: <b>xxx2981</b> <b>HEB Emergicare, P.A.</b> <b>P.O. Box 960046</b> <b>Oklahoma City, OK 73196-0001</b>	<b>-</b>	DATE INCURRED: CONSIDERATION: <b>Medical Bill</b> REMARKS:				<b>\$177.00</b>
Representing: <b>HEB Emergicare, P.A.</b>		<b>HEB Emergicare, P.A.</b> <b>P.O. Box 2168</b> <b>Edmond, OK 73083</b>				<b>Notice Only</b>
ACCT #: <b>Home Depot Credit Svc</b> <b>P. O. Box 6031</b> <b>The Lakes, NV 88901-6031</b>	<b>-</b>	DATE INCURRED: CONSIDERATION: <b>Business Debt</b> REMARKS:				<b>\$3,000.00</b>
ACCT #: <b>Home Depot Credit Svc.</b> <b>P. O. Box 6031</b> <b>The Lakes, NV 88901-6031</b>	<b>-</b>	DATE INCURRED: CONSIDERATION: <b>Business Debt</b> REMARKS:				<b>Unknown</b>
ACCT #: <b>House &amp; Home</b> <b>Attn.: Becky Oates</b> <b>2301 Ohio Dr. #209</b> <b>Plano, TX 75093</b>	<b>-</b>	DATE INCURRED: CONSIDERATION: <b>Business Debt</b> REMARKS:				<b>\$3,000.00</b>
Sheet no. <b>18</b> of <b>29</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal &gt;</b> <b>\$6,438.00</b>
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						<b>Total &gt;</b>

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>xx-xxx3887</b> <b>Internal Revenue Service</b> <b>P. O. Box 21126</b> <b>Philadelphia, PA 19114</b>	-	DATE INCURRED: <b>12/31/03</b> CONSIDERATION: <b>Trust Fund Recovery Penalty</b> REMARKS:	X	X	X	<b>\$75,000.00</b>
ACCT #: <b>xxxxxxxx4490</b> <b>JJ&amp;R Emergency Medical Group</b> <b>P.O. Box 2700</b> <b>Rancho Cucamong, CA 91729-2700</b>	C	DATE INCURRED: CONSIDERATION: <b>Medical Bill</b> REMARKS:				<b>\$753.00</b>
ACCT #: <b>John Deere Credit</b> <b>P. O. Box 6600</b> <b>Johnston, IA 50131-6600</b>	-	DATE INCURRED: CONSIDERATION: <b>Business Debt</b> REMARKS:				<b>\$90,000.00</b>
ACCT #: <b>xx8532</b> <b>John Osborne, M.D. Cardiolo</b> <b>c/o Medicaledge Healthcare</b> <b>9229 LBJ Freeway, #250</b> <b>Dallas, TX 75243</b>	-	DATE INCURRED: CONSIDERATION: <b>Medical Bill</b> REMARKS:				<b>\$178.58</b>
ACCT #: <b>xx4435</b> <b>John Osborne, M.D. Cardiolo</b> <b>c/o Medicaledge Healthcare</b> <b>9229 LBJ Freeway, #250</b> <b>Dallas, TX 75243</b>	-	DATE INCURRED: CONSIDERATION: <b>Medical Bill</b> REMARKS:				<b>\$869.48</b>
ACCT #: <b>xxxx7503</b> <b>Karen Wasserman, D.P.M.</b> <b>5601 W, Lovers Lane</b> <b>Dallas, TX 75209</b>	-	DATE INCURRED: CONSIDERATION: <b>Medical Bill</b> REMARKS:				<b>\$49.22</b>
Sheet no. <b>19</b> of <b>29</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal &gt;</b> <b>\$166,850.28</b>
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						<b>Total &gt;</b>

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>Kent H. Landsberg Co.</b> <b>P. O. Box 201813</b> <b>Dallas, TX 75320-1813</b>	-	DATE INCURRED: CONSIDERATION: <b>Business Debt</b> REMARKS:				<b>\$1,000.00</b>
ACCT #: <b>xxxx8530</b> <b>LabCorp</b> <b>P.O. Box 2240</b> <b>Burlington, NC 27216-2240</b>	-	DATE INCURRED: CONSIDERATION: <b>Medical Bill</b> REMARKS:				<b>\$9.57</b>
ACCT #: <b>Linebarger, Goggan, Blair et al.</b> <b>2323 Bryan St., Ste. 1600</b> <b>Dallas, TX 75201-2644</b>	-	DATE INCURRED: CONSIDERATION: <b>Attorney for - Dallas County</b> REMARKS:				<b>Notice Only</b>
ACCT #: <b>Liquid Environmental Solutions</b> <b>P. O. Box 671064, Dept. 1</b> <b>Dallas, TX 75267-1064</b>	-	DATE INCURRED: CONSIDERATION: <b>Business Debt</b> REMARKS:				<b>\$800.00</b>
ACCT #: <b>McLeod USA</b> <b>P. O. Box 3243</b> <b>Milwaukee, WI 53201-3243</b>	-	DATE INCURRED: CONSIDERATION: <b>Business Debt</b> REMARKS:				<b>\$428.05</b>
ACCT #: <b>4093</b> <b>Medical Edge Healthcare</b> <b>c/o Credit Systems International, Inc.</b> <b>1277 Country Club Lane</b> <b>Fort Worth, TX 76112</b>	C	DATE INCURRED: CONSIDERATION: <b>Medical Bill</b> REMARKS:				<b>\$174.00</b>
Sheet no. <b>20</b> of <b>29</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal &gt;</b> <b>\$2,411.62</b>
<div style="text-align: right;"> <b>Total &gt;</b>  (Use only on last page of the completed Schedule F.)  (Report also on Summary of Schedules and, if applicable, on the  Statistical Summary of Certain Liabilities and Related Data.) </div>						

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>MHC Financial Svc Inc</b> <b>P. O. Box 412582</b> <b>Kansas City, MO 64141-2582</b>	-	DATE INCURRED: CONSIDERATION: <b>Deficiency Claim</b> REMARKS: <b>Business Debt</b>				<b>\$25,304.00</b>
ACCT #: <b>Michael Vu Phi Dao</b> <b>1006 Hanover Drive</b> <b>Southlake, TX 76092</b>	-	DATE INCURRED: CONSIDERATION: <b>Business Debt</b> REMARKS:				<b>\$250,000.00</b>
ACCT #: <b>4881</b> <b>Monogram/ Bank of America</b> <b>4060 Ogletown/stan De5-019-03-07</b> <b>Newark, DE 19713</b>	C	DATE INCURRED: <b>11/1997</b> CONSIDERATION: <b>Credit Card</b> REMARKS:				<b>\$104,022.00</b>
ACCT #: <b>MSC Industrial Supply Co Inc</b> <b>Dept. CH 0075</b> <b>Palestine, IL 60055-0075</b>	-	DATE INCURRED: CONSIDERATION: <b>Business Debt</b> REMARKS:				<b>\$171.00</b>
ACCT #: <b>xxxxxx8819</b> <b>Nationwide Credit, Inc.</b> <b>2015 Vaughn Rd. NW, Ste. 400</b> <b>Kennesaw, GA 30144-7802</b>	-	DATE INCURRED: CONSIDERATION: <b>Collection Account</b> REMARKS: <b>Original Creditor: Terminix</b>				<b>\$119.08</b>
ACCT #: <b>Network Solvers</b> <b>15910 Miller Farm Rd.</b> <b>Forney, TX 75126</b>	C	DATE INCURRED: CONSIDERATION: <b>Business Debt</b> REMARKS:				<b>\$2,718.18</b>
Sheet no. <u>21</u> of <u>29</u> continuation sheets attached to						<b>Subtotal &gt;</b>
Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>\$382,334.26</b>
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						<b>Total &gt;</b>

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>North Texas Tollway P. O. Box 260928 Plano, TX 75026-0928</b>	-	DATE INCURRED: CONSIDERATION: <b>Business Debt</b> REMARKS:				<b>\$100.00</b>
ACCT #: <b>xxxx0172</b> <b>Northstar Anesthesia, P.A. P.O. Box 650252 Dallas, TX 75265-0252</b>	-	DATE INCURRED: CONSIDERATION: <b>Medical Bill</b> REMARKS:				<b>\$700.00</b>
ACCT #: <b>x/FSTO</b> <b>Northwest Propane Gas Co. 11551 Harry Hines Dallas, TX 75229</b>	C	DATE INCURRED: CONSIDERATION: <b>Business Debt</b> REMARKS:				<b>\$186.40</b>
ACCT #: <b>xx6614</b> <b>Orthopedic Assocs. of Dallas P.O. Box 650500 Dallas, TX 75265-0500</b>	-	DATE INCURRED: CONSIDERATION: <b>Medical Bill</b> REMARKS:				<b>\$84.12</b>
ACCT #: <b>xxxxxx6622</b> <b>Paccar Finan 777 106th Ave Ne Po Box 1518 Bellevue, WA 98004</b>	C	DATE INCURRED: <b>02/2004</b> CONSIDERATION: <b>Deficiency Claim</b> REMARKS:				<b>Unknown</b>
ACCT #: <b>xx-xxx9190</b> <b>Pathologist Bio-Medical Labs, L.L.P. 3600 Gaston Ave., Ste. 707 Dallas, TX 75246</b>	C	DATE INCURRED: CONSIDERATION: <b>Medical Bill</b> REMARKS:				<b>\$33.89</b>

Sheet no. 22 of 29 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

**Subtotal >**

**\$1,104.41**

**Total >**

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>Perdue Brandon et al</b> <b>P. O. Box 13430</b> <b>Arlington, TX 76094-0430</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Attorney for - Grapevine-Colleyville ISD/City of G</b> REMARKS:				<b>Notice Only</b>
ACCT #: <b>Pitney Bowes Credit Corp.</b> <b>P.O. Box 856460</b> <b>Louisville, KY 40285-6460</b>	<b>-</b>	DATE INCURRED: CONSIDERATION: <b>Business Debt</b> REMARKS:				<b>\$129.84</b>
ACCT #: <b>6937</b> <b>Premier Diamond</b> <b>3998 Fau Blvd.</b> <b>Build-1 Ste # 104</b> <b>Boca Raton, FL 33431</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Business Debt</b> REMARKS:				<b>\$225.00</b>
ACCT #: <b>xxxxxxx7002</b> <b>Professional Credit Mgmt.</b> <b>P.O.Box 30756</b> <b>Midwest City, OK 76140</b>	<b>-</b>	DATE INCURRED: CONSIDERATION: <b>Collection Account</b> REMARKS: <b>Original Creditor: PA H.E.B. Emergicare</b>				<b>\$177.00</b>
ACCT #: <b>Purchase Power</b> <b>P.O. Box 856042</b> <b>Louisville, KY 40825-6042</b>	<b>-</b>	DATE INCURRED: CONSIDERATION: <b>Business Debt</b> REMARKS:				<b>\$54.00</b>
ACCT #: <b>Randall Goss c/o</b> <b>Kuzner, P.C.</b> <b>1700 Pacific, Ste. 1800</b> <b>Dallas, TX 75201</b>	<b>-</b>	DATE INCURRED: CONSIDERATION: <b>Attorney for -Randall Goss</b> REMARKS: <b>lawsuit</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>\$0.00</b>
Sheet no. <b>23</b> of <b>29</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal &gt;</b> <b>\$585.84</b>
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						<b>Total &gt;</b>

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>xxxxxx-xx7029</b> <b>Recovery Svcs. of America</b> <b>P.O. Box 815335</b> <b>Dallas, TX 75381-5335</b>	-	DATE INCURRED: CONSIDERATION: <b>Collection Account</b> REMARKS: <b>Original Creditor: PBM Labs</b>				<b>\$33.89</b>
ACCT #: <b>Rugby</b> <b>4541 Leston Ave.</b> <b>Dallas, TX 75247</b>	-	DATE INCURRED: CONSIDERATION: <b>Business Debt</b> REMARKS:				<b>\$165.00</b>
ACCT #: <b>Rugby</b> <b>4541 Leston Ave.</b> <b>Dallas, TX 75247</b>	-	DATE INCURRED: CONSIDERATION: <b>Business Debt</b> REMARKS:				<b>\$4,000.00</b>
ACCT #: <b>6052</b> <b>Salem Distributing Co., Inc.</b> <b>P. O. Box 536731</b> <b>Atlanta, GA 30353-6731</b>	C	DATE INCURRED: CONSIDERATION: <b>Business Debt</b> REMARKS:				<b>\$664.24</b>
ACCT #: <b>x1262</b> <b>Seema Y. Haque, M.D., P.A.</b> <b>P.O. Box 250885</b> <b>Plano, TX 75025-0885</b>	-	DATE INCURRED: CONSIDERATION: <b>Medical Bill</b> REMARKS:				<b>\$163.00</b>
ACCT #: <b>Stacy Loftin Esq.</b> <b>Adams, Lynch &amp; Loftin, PC</b> <b>1903 Central Dr., Suite 400</b> <b>Bedford TX 76021</b>	-	DATE INCURRED: CONSIDERATION: <b>Attorney for - Frost National Bank</b> REMARKS:				<b>Notice Only</b>

Sheet no. 24 of 29 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal >

**\$5,026.13**

Total >

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #:		DATE INCURRED:				
<b>Star Tire Co., Inc</b> <b>10952 Harry Hines Blvd.</b> <b>Dallas, TX 75220</b>	-	CONSIDERATION: <b>Business Debt</b> REMARKS:				<b>\$614.97</b>
ACCT #:		DATE INCURRED:				
<b>Stevens Drafting Service</b> <b>c/o James Allen Stevens</b> <b>944 Mountain Ter.</b> <b>Hurst, TX 76053</b>	-	CONSIDERATION: <b>Business Debt</b> REMARKS:				<b>\$1,500.00</b>
ACCT #:		DATE INCURRED:				
<b>Storm, L.L.P.</b> <b>Bank of America Plaza</b> <b>901 Main St., Ste. 7100</b> <b>Dallas, TX 75202</b>	-	CONSIDERATION: <b>Business Debt</b> REMARKS:				<b>\$10,035.00</b>
ACCT #:		DATE INCURRED:				
<b>Strategic Energy</b> <b>P. O. Box 643249</b> <b>Pittsburgh, PA 15264-3249</b>	-	CONSIDERATION: <b>Business Debt</b> REMARKS:				<b>\$1,647.98</b>
ACCT #: <b>xxx xxxx9985</b>		DATE INCURRED:				
<b>Sutter Emergency Medical Assoc.</b> <b>P.O. Box 12020</b> <b>Westminister, CA 92685-2020</b>	-	CONSIDERATION: <b>Medical Bill</b> REMARKS:				<b>\$451.00</b>
ACCT #: <b>xxx xxxx9985</b>		DATE INCURRED:				
<b>Sutter Emergency Medical Assoc.</b> <b>P.O. Box 12020</b> <b>Westminister, CA 92685-2020</b>	-	CONSIDERATION: <b>Medical Bill</b> REMARKS:				<b>\$90.20</b>
Sheet no. <u>25</u> of <u>29</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal &gt;</b>
						<b>\$14,339.15</b>
						<b>Total &gt;</b>
						(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>xxx6356</b> <b>Synerprise Consulting Svc., Inc.</b> <b>2809 Regal Rd., Ste. 107</b> <b>Plano, TX 75075</b>	-	DATE INCURRED: CONSIDERATION: <b>Collecting for - Texas Radiology</b> REMARKS:				<b>\$0.00</b>
ACCT #: <b>xxxxx7399</b> <b>T-Mobile</b> <b>P. O. Box 790047</b> <b>St. Louis, MO 63179-0047</b>	-	DATE INCURRED: CONSIDERATION: <b>Business Debt</b> REMARKS:				<b>\$8,910.64</b>
<b>Representing:</b> <b>T-Mobile</b>		<b>T-Mobile</b> <b>c/o Customer Relations</b> <b>P.O. Box 37380</b> <b>Albuquerque, NM 87176-7380</b>				<b>Notice Only</b>
ACCT #: <b>xx2607</b> <b>Target National Bank</b> <b>c/o Rausch, Sturm, Israel, et al.</b> <b>P.O. Box 3018</b> <b>Abilene, TX 79604-3018</b>	C	DATE INCURRED: CONSIDERATION: <b>Collection Account</b> REMARKS:				<b>Notice Only</b>
ACCT #: <b>xxxx-xxxx-xxxx-5699</b> <b>Target National Bank-Visa</b> <b>P.O. Box 560284</b> <b>Dallas, TX 75356</b>	C	DATE INCURRED: CONSIDERATION: <b>Credit Card</b> REMARKS:				<b>\$3,290.00</b>
ACCT #: <b>Telecheck</b> <b>4835 LBJ, Ste. 400</b> <b>Dallas, TX 75244</b>	-	DATE INCURRED: CONSIDERATION: <b>Non-Purchase Money</b> REMARKS:				<b>\$4,479.38</b>
Sheet no. <b>26</b> of <b>29</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal &gt;</b> <b>\$16,680.02</b>
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						<b>Total &gt;</b>

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>xxxxxxx7002</b> <b>Texas Health Resources</b> <b>Attn: Business Office</b> <b>500 E. Border St., #131</b> <b>Arlington, TX 76010</b>	-	DATE INCURRED: CONSIDERATION: <b>Medical Bill</b> REMARKS:				<b>\$477.00</b>
<b>Representing:</b> <b>Texas Health Resources</b>		<b>Computer Credit, Inc.</b> <b>640 W, Fourth St.,</b> <b>Winston-Salem, NC 27113-5237</b>				<b>Notice Only</b>
<b>Representing:</b> <b>Texas Health Resources</b>		<b>Financial Corp. of America</b> <b>12515 Research Blvd.</b> <b>Bldg. 2, Suite 100</b> <b>Austin, TX 78720-3500</b>				<b>Notice Only</b>
ACCT #: <b>5683</b> <b>Texas Health Resources</b> <b>c/o Firstsource</b> <b>2630 Gleeson Lane</b> <b>Louisville, KY 40299</b>	-	DATE INCURRED: CONSIDERATION: <b>Collection Account</b> REMARKS:				<b>\$100.00</b>
ACCT #: <b>Texas Insurance Exchange</b> <b>190 W. Hwy. 114, #A</b> <b>Southlake, TX 76092</b>	-	DATE INCURRED: CONSIDERATION: <b>Business Debt</b> REMARKS:				<b>\$1,484.40</b>
ACCT #: <b>xx-xxx542-3</b> <b>Texas Workforce Commission</b> <b>TWC Building - Bankruptcy</b> <b>101 East 15th Street</b> <b>Austin, TX 78714-9080</b>	-	DATE INCURRED: CONSIDERATION: <b>Business Debt</b> REMARKS:				<b>\$3,722.34</b>
Sheet no. <b>27</b> of <b>29</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal &gt;</b> <b>\$5,783.74</b>
<div style="text-align: right;"> <b>Total &gt;</b>  (Use only on last page of the completed Schedule F.)  (Report also on Summary of Schedules and, if applicable, on the  Statistical Summary of Certain Liabilities and Related Data.) </div>						

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>The Realty Associates Fund</b> <b>P. O. Box 223315</b> <b>Pittsburgh, PA 15251-2315</b>	-	DATE INCURRED: CONSIDERATION: <b>Business Debt</b> REMARKS: <b>Building Lease</b>				<b>\$10,813.62</b>
ACCT #: <b>Theresa A. Coleman</b> <b>323 1/2 W. Walnut Ave.</b> <b>Monrovia, CA 91016</b>	<b>C</b>	DATE INCURRED: <b>2003</b> CONSIDERATION: <b>Bond - Business Debt</b> REMARKS:	<b>X</b>	<b>X</b>		<b>\$50,000.00</b>
ACCT #: <b>Timothy P. Dao</b> <b>Tiffany Do</b> <b>1421 Monarch Way</b> <b>Southlake, TX 76092</b>	-	DATE INCURRED: CONSIDERATION: <b>Business Debt</b> REMARKS:				<b>\$80,000.00</b>
ACCT #: <b>xxxxxxxxxx-3-001</b> <b>TLC Edge at Grapevine</b> <b>c/o Medical Edge Healthcare Group</b> <b>9229 LBJ Freeway</b> <b>Dallas, TX 75243</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Medical Bill</b> REMARKS:				<b>\$15.70</b>
ACCT #: <b>Top Solutions, Inc.</b> <b>c/o Eric Pipher</b> <b>9850 W. State Hwy. 29</b> <b>Georgetown, TX 78628</b>	-	DATE INCURRED: CONSIDERATION: <b>Business Debt</b> REMARKS:				<b>Unknown</b>
ACCT #: <b>United States Attorney</b> <b>Office of U.S. Attorney</b> <b>3rd Floor, 1100 Commerce St</b> <b>Dallas, TX 75242</b>	-	DATE INCURRED: CONSIDERATION: <b>Notice Only</b> REMARKS:				<b>Notice Only</b>
Sheet no. <b>28</b> of <b>29</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal &gt;</b> <b>\$140,829.32</b>
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						<b>Total &gt;</b>

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>US Bancorp</b> <b>Office Equip Financial Svc.</b> <b>P. O. Box 790448</b> <b>St. Louis, MO 63179-0448</b>	-	DATE INCURRED: CONSIDERATION: <b>Business Debt</b> REMARKS:				<b>\$305.29</b>
ACCT #: <b>xxxxxxx0-1-3C</b> <b>Varsity Orthopedics</b> <b>c/o Credit Systems International, Inc.</b> <b>1277 Country Club Lane</b> <b>Fort Worth, TX 76112</b>	C	DATE INCURRED: CONSIDERATION: <b>Medical Bill</b> REMARKS:				<b>\$200.79</b>
ACCT #: <b>xxx4571</b> <b>West Asset Mgmt., Inc.</b> <b>P.O. Box 105539</b> <b>Atlanta, GA 30348-5359</b>	C	DATE INCURRED: CONSIDERATION: <b>Collection Account</b> REMARKS: <b>Original Creditor: Las Colinas Medical Center</b>				<b>\$311.45</b>
ACCT #: <b>xx*xxxx4490</b> <b>Western Pathology Medical Assoc.</b> <b>P.O. Box 6015</b> <b>Cypress, CA 90630-0015</b>	C	DATE INCURRED: CONSIDERATION: <b>Medical Bill</b> REMARKS:				<b>\$2,559.46</b>
Sheet no. <b>29</b> of <b>29</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal &gt; \$3,376.99</b>
<div style="text-align: right;"> <b>Total &gt;</b>  (Use only on last page of the completed Schedule F.)  (Report also on Summary of Schedules and, if applicable, on the  Statistical Summary of Certain Liabilities and Related Data.) </div>						<b>\$3,313,401.16</b>

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases of contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.
<p><b>Atlas Copco</b> P. O. Box 91730 Chicago, IL 60693</p> <p><b>BMW</b> P.O. Box 78103 Phoenix, AZ 85062</p> <p><b>Gary Penny</b> 2213 Moneda St. Haltom City, TX 76117-5311</p> <p><b>T-Mobile</b> P. O. Box 790047 St. Louis, MO 63179-0047</p> <p><b>The Realty Associates Fund</b> P. O. Box 223315 Pittsburgh, PA 15251-2315</p>	<p>Compressor Lease for Business Contract to be REJECTED Contract is in DEFAULT</p> <p>Vehicle Lease for Business Contract to be REJECTED Contract is in DEFAULT</p> <p>Rental Contract to be REJECTED</p> <p>Business Debt Contract to be REJECTED Contract is in DEFAULT</p> <p>Building Lease for Business Contract to be REJECTED Contract is in DEFAULT</p>

In re **Nuanchan Johnson**

Case No. **10-46360-DML-7**  
(if known)

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

*Continuation Sheet No. 1*

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.
<b>US Bancorp</b> Office Equip Financial Svc. P. O. Box 790448 St. Louis, MO 63179-0448	Copier Lease for Business Contract to be REJECTED Contract is in DEFAULT

**SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>American Express Bank FSB</b> c/o Becket and Lee LLP P. O. Box 3001 Malvern, PA 19355-0701
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>American Express Bank FSB</b> c/o Becket and Lee LLP P. O. Box 3001 Malvern, PA 19355-0701
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>American Express Bank FSB</b> c/o Becket and Lee LLP P. O. Box 3001 Malvern, PA 19355-0701
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>Anaheim Fire Dept.</b> 1517W. Braden Court Orange, CA 92868-1125
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>Assoc/Citi</b> P.O. Box 6003 Hagerstown, MD 21742
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>Associated Recovery Systems</b> P.O. Box 469046 Escondido, CA 92046-9046

In re **Nuanchan Johnson**Case No. **10-46360-DML-7**  
(if known)**SCHEDULE H - CODEBTORS***Continuation Sheet No. 1*

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>Aurora Loan Services</b> Attn: Bankruptcy Dept. P.O. Box 1706 Scottsbluff, NE 69363
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>Aurora Loan Services</b> 10380 Park Meadows Drive Littleton, CO 80124
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>Aurora Loan Services</b> Attn: Bankruptcy Department 2617 College Park Scottsbluff, NE 69363-1706
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>Bank of America</b> 4060 Ogletown/Stam Newark, DE 19713
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>Bank of America</b> 4060 Ogletown/stan De5-019-03-07 Newark, DE 19713
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>Baylor Centralized Business Svcs.</b> 2001 Bryan St., Ste. 2600 Dallas, TX 75201-3005
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>Baylor Regional Medical Ctr.</b> c/o Harris & Harris, Ltd. 222 Merchandise Mart Plaza, Ste. 1900 Chicago, IL 60654

In re **Nuanchan Johnson**Case No. **10-46360-DML-7**  
(if known)**SCHEDULE H - CODEBTORS***Continuation Sheet No. 2*

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>Bluebonnett Financial Assets</b> c/o Niermann & Olivo 1622 E. Beltline Rd., Ste. 100 Carrollton, TX 75006
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>BMW Financial Svc.</b> 5515 Park Center C Dublin, OH 43017
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>CCB NA</b> P.O. Box 5010, Rm. 1242 Concord, CA 94524
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>Cecile Wood</b> 22345 Gunsight Rd Colfax CA 95713
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>Chase</b> 800 Brooksedge Blvd Westerville, OH 43081
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>Chase</b> Credit Bureau Dept. 901008 P.O. Box 901008 Fort Worth, TX 76101
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>Chase</b> 800 Brooksedge Blvd. Westerville, OH 43081

In re **Nuanchan Johnson**Case No. **10-46360-DML-7**  
(if known)**SCHEDULE H - CODEBTORS***Continuation Sheet No. 3*

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>Chase</b> P.O. Box 901039 Fort Worth, TX 76101
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>Chase</b> P.O. Box 15298 Wilmington, DE 19850
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>Citi</b> P.O. Box 6241 Sioux Falls, SD 57117
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>Citi Cards</b> P.O. Box 6000 The Lakes, NV 89163-6000
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>City of Anaheim</b> 1517 W. Braden Court Orange, CA 92868-1125
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>City of Grapevine</b> c/o Perdue, Brandon et al P. O. Box 13430 Arlington, TX 76094-0430
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>Computer Credit, Inc.</b> 640 W, Fourth St., Winston-Salem, NC 27113-5237

In re **Nuanchan Johnson**Case No. **10-46360-DML-7**  
(if known)**SCHEDULE H - CODEBTORS***Continuation Sheet No. 4*

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>Credit Collection Services</b> Two Wells Avenue, Dept. 9134 Newton, MA 02459
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>Credit Union of Texas</b> P.O. Box 515169 Dallas, TX 75251
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>Credit Union of Texas</b> c/o Blalack & Williams, P.C. 1420 W. Mockingbird, Ste. 640 Dallas, TX 75247-4932
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>Credit Union of Texas</b> c/o Financial Recovery Svcs., Inc. P.O. Box 385908 Minneapolis, MN 55438-5908
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>Credit Union of Texas</b> P.O.Box 515169 Dallas, TX 75251-5163
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>Credit Union of Texas</b> P.O. Box 815909 Dallas, TX 75381-5909
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>Delta Leave &amp; Disability Admin. Ctr.</b> P.O. Box 14455 Lexington, KY 40512

In re **Nuanchan Johnson**Case No. **10-46360-DML-7**  
(if known)**SCHEDULE H - CODEBTORS***Continuation Sheet No. 5*

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>Discover</b> P.O. Box 3008 New Albany, OH 43054-3008
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>Discover</b> P.O. Box 30943 Salt Lake City, UT 84130
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>Discover Financial</b> P.O. Box 15316 Wilmington, DE 19850
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>Discover Financial</b> P.O. Box 15316 Wilmington, DE 19850
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>Discover Financial</b> P.O. Box 15316 Wilmington, DE 19850
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>Discover Financial</b> P.O. Box 15316 Wilmington, DE 19850
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>Discover Financial</b> Attn: Bankruptcy Dept. P.O. Box 3025 New Albany, OH 43054
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>DRS</b> c/o Baylor Medical Ctr. @ Grapevine P.O. Box 460036 Garland, TX 75046

In re **Nuanchan Johnson**Case No. **10-46360-DML-7**  
(if known)**SCHEDULE H - CODEBTORS***Continuation Sheet No. 6*

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>Fuselier &amp; Associates</b> 1207 Hampshire Lane Richardson, TX 75080
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>Grapevine Emergency Physician</b> P.O. Box 41587 Philadelphia, PA 19101-1587
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>Grapevine Emergency Physician</b> P.O. Box 41587 Philadelphia, PA 19101-1587
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>Grapevine Radiology Assoc.</b> P.O. Box 740968 Dallas, TX 75374-0968
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>Grapevine-Colleyville ISD</b> c/o Perdue Brandon et al P. O. Box 13430 Arlington, TX 76094-0430
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>Grapevine-Colleyville Tax Office</b> Collette Franklin Tax Assessor/Collector 3072 Mustang Drive Grapevine, TX 76051
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>Harris &amp; Harris, Ltd.</b> 222 Merchandise Mart Plaza, Ste. 100 Chicago, IL 60654

In re **Nuanchan Johnson**Case No. **10-46360-DML-7**  
(if known)**SCHEDULE H - CODEBTORS***Continuation Sheet No. 7*

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>Harris Methodist H.E.B.</b> Attn: Business Office 6000 Western Place, Ste. 540 Fort Worth, TX 76107-4660
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>Healthcare Recovery Solutions</b> 1515 190th St., Suite 350 Gardena, CA 90248-4910
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>Healthtexas Provider Network</b> P.O.Box 844128 Dallas, TX 74284
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>JJ&amp;R Emergency Medical Group</b> P.O. Box 2700 Rancho Cucamong, CA 91729-2700
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>Law Office of Regent &amp; Assoc.</b> 2650 Fountain View Dr., Ste. 233 Houston, TX 77057
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>Medical Edge Healthcare</b> c/o Credit Systems International, Inc. 1277 Country Club Lane Fort Worth, TX 76112
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>Michael J. Schroeder, P.C.</b> 3610 North Josey Lane, Ste. 206 Carrollton, TX 75007

In re **Nuanchan Johnson**Case No. **10-46360-DML-7**  
(if known)**SCHEDULE H - CODEBTORS***Continuation Sheet No. 8*

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>Monogram/ Bank of America</b> 4060 Ogletown/stan De5-019-03-07 Newark, DE 19713
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>National City</b> P.O. Box 5570 Cleveland, OH 44101-0570
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>National City</b> Attn: Bankruptcy Department 6750 Miller Rd., Brecksville, OH 44141
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>NCO Financial Systems, Inc.</b> 507 Prudential Rd. Horsham, PA 19044
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>Network Solvers</b> 15910 Miller Farm Rd. Forney, TX 75126
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>Northstar Location Svcs., L.L.C.</b> 4285 Genesee St. Cheektowaga, NY 14225-1943
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>Northwest Propane Gas Co.</b> 11551 Harry Hines Dallas, TX 75229

In re **Nuanchan Johnson**Case No. **10-46360-DML-7**  
(if known)**SCHEDULE H - CODEBTORS***Continuation Sheet No. 9*

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>Paccar Finan</b> 777 106th Ave Ne Po Box 1518 Bellevue, WA 98004
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>Pathologist Bio-Medical Labs, L.L.P.</b> 3600 Gaston Ave., Ste. 707 Dallas, TX 75246
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>Perdue Brandon et al</b> P. O. Box 13430 Arlington, TX 76094-0430
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>Premier Diamond</b> 3998 Fau Blvd. Build-1 Ste # 104 Boca Raton, FL 33431
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>Salem Distributing Co., Inc.</b> P. O. Box 536731 Atlanta, GA 30353-6731
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>T-Mobile</b> c/o Customer Relations P.O. Box 37380 Albuquerque, NM 87176-7380
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>Target National Bank</b> c/o Rausch, Sturm, Israel, et al. P.O. Box 3018 Abilene, TX 79604-3018

In re **Nuanchan Johnson**Case No. **10-46360-DML-7**  
(if known)**SCHEDULE H - CODEBTORS***Continuation Sheet No. 10*

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>Target National Bank-Visa</b> P.O. Box 560284 Dallas, TX 75356
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>Texas Resolution Group, L.L.C.</b> 18866 Stone Oak Pkwy, Ste. 103-70 San Antonio, TX 78258
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>Theresa A. Coleman</b> 323 1/2 W. Walnut Ave. Monrovia, CA 91016
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>TLC Edge at Grapevine</b> c/o Medical Edge Healthcare Group 9229 LBJ Freeway Dallas, TX 75243
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>Varsity Orthopedics</b> c/o Credit Systems International, Inc. 1277 Country Club Lane Fort Worth, TX 76112
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>West Asset Mgmt., Inc.</b> P.O. Box 105539 Atlanta, GA 30348-5359
<b>Johnson, Scott E.</b> 2401 W. Dove Rd. Grapevine, TX 76051	<b>Western Pathology Medical Assoc.</b> P.O. Box 6015 Cypress, CA 90630-0015

## SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status:  <b>Married</b>	Dependents of Debtor and Spouse	
	Relationship(s): Son Son	Age(s): 17 15
		Relationship(s):  Age(s):
<b>Employment:</b>	Debtor	Spouse
Occupation	Flight Attendant	
Name of Employer	Delta Airlines	
How Long Employed	8 yrs.	
Address of Employer	ATL International Airport Atlanta, GA	

INCOME: (Estimate of average or projected monthly income at time case filed)

	DEBTOR	SPOUSE
1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)	\$2,073.93	
2. Estimate monthly overtime	\$0.00	
3. SUBTOTAL	<b>\$2,073.93</b>	
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes (includes social security tax if b. is zero)	\$68.89	
b. Social Security Tax	\$0.00	
c. Medicare	\$0.00	
d. Insurance	\$233.00	
e. Union dues	\$0.00	
f. Retirement	\$0.00	
g. Other (Specify) Life Ins	\$9.33	
h. Other (Specify) 401(k) Loan	\$0.00	
i. Other (Specify) Long Term Disability SS	\$989.00	
j. Other (Specify)	\$0.00	
k. Other (Specify)	\$0.00	
5. SUBTOTAL OF PAYROLL DEDUCTIONS	<b>\$1,300.22</b>	
6. TOTAL NET MONTHLY TAKE HOME PAY	<b>\$773.71</b>	
7. Regular income from operation of business or profession or farm (Attach detailed stmt)	\$0.00	
8. Income from real property	\$0.00	
9. Interest and dividends	\$0.00	
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above	\$0.00	
11. Social security or government assistance (Specify): Social Security Disability Inc	\$1,213.00	
12. Pension or retirement income	\$0.00	
13. Other monthly income (Specify):		
a.	\$0.00	
b.	\$0.00	
c.	\$0.00	
14. SUBTOTAL OF LINES 7 THROUGH 13	<b>\$1,213.00</b>	
15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)	<b>\$1,986.71</b>	
16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)	<b>\$1,986.71</b>	

(Report also on Summary of Schedules and, if applicable,  
on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

**Debtor is receiving disability income form Delta Air Lines.**

**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home) a. Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b. Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$8,147.67
2. Utilities: a. Electricity and heating fuel b. Water and sewer c. Telephone d. Other: Telephone, Cable, & Internet	\$700.00 \$100.00  \$150.00
3. Home maintenance (repairs and upkeep) 4. Food 5. Clothing 6. Laundry and dry cleaning 7. Medical and dental expenses 8. Transportation (not including car payments) 9. Recreation, clubs and entertainment, newspapers, magazines, etc. 10. Charitable contributions	\$500.00 \$50.00 \$25.00 \$400.00 \$200.00
11. Insurance (not deducted from wages or included in home mortgage payments) a. Homeowner's or renter's b. Life c. Health d. Auto e. Other:	
12. Taxes (not deducted from wages or included in home mortgage payments) Specify:	
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan) a. Auto: b. Other: 2nd Lien Mtg. Pmt. c. Other: d. Other:	\$1,095.50
14. Alimony, maintenance, and support paid to others: 15. Payments for support of add'l dependents not living at your home: 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 17.a. Other: 17.b. Other:	
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	<b>\$11,368.17</b>
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: <b>Debtor is surrendering the house to lower the monthly expenses. Debtor's spouse's mother has been paying the electric bill.</b>	
20. STATEMENT OF MONTHLY NET INCOME a. Average monthly income from Line 15 of Schedule I b. Average monthly expenses from Line 18 above c. Monthly net income (a. minus b.)	\$1,986.71 \$11,368.17 (\$9,381.46)

**DECLARATION CONCERNING DEBTOR'S SCHEDULES**  
**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 60 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **10/15/2010**

Signature **/s/ Nuanchan Johnson**  
**Nuanchan Johnson**

Date \_\_\_\_\_

Signature \_\_\_\_\_

[If joint case, both spouses must sign.]